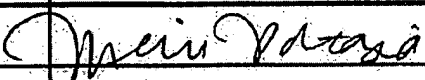
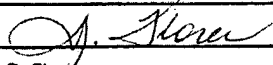


<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/783,505	
	Filing Date	February 20, 2004	
	First Named Inventor	David P. Bloomfield	
	Art Unit	1795	
	Examiner Name	Handal, Kaity V.	
Total Number of Pages in This Submission	9	Attorney Docket Number	X-0132

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (SB06) <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):  PTO/SB30 - Request for Reconsideration	<b>Remarks</b>  If any additional fees are required, the Director is hereby authorized to charge such fees to Deposit Account No. 03-1620, referencing Attorney Docket Number X-0132.
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Chevron Services Company (Customer No. 38393)		
Signature			
Printed Name	Melissa Patangia		
Date	November 24, 2008	Reg. No.	52098

CERTIFICATE OF TRANSMISSION/MAILING			
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